

- \_\_\_\_\_ The benefit package for the health insurance plan this is offered by an HMO and has the largest commercial, non-Medicaid enrollment in the State
- \_\_\_\_\_ The standard Blue Cross/Blue Shield preferred provider option service benefit plan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1). (Federal Employees Health Benefit Plan (FEHBP))
- \_\_\_\_\_ A health benefits coverage plan that is offered and generally available to State employees
- \_\_\_\_\_ A benefit package that is actuarially equivalent to one of those listed above
- \_\_\_\_\_ Secretary approved coverage. (The proposed benefit package is described in Attachment C.)

Note: For Secretary approved coverage, benefit packages must include these basic services: inpatient and outpatient hospital services, physicians surgical and medical services, laboratory and x-ray services, well-baby and well-child care, including age appropriate immunizations.

5. Expansion Populations – States have flexibility in designing the benefit package, however, the benefit package must be comprehensive enough to be consistent with the goal of increasing the number of insured persons in the State and must include at least a primary care benefit, which means all health care services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician. Please check the services to be included.

#### **Childless Adults at or below 35% of the federal poverty level**

\_\_\_\_\_ Inpatient (Effective April 1, 2004)

☒ Outpatient

☒ Physician's Surgical and Medical Services

☒ Laboratory and X-ray Services

☒ Pharmacy

☒ Other (please specify) **Mental Health and Substance Abuse**

Please include a detailed description of any Secretary approved coverage or flexible expansion benefit package as Attachment C to your proposal. Please include a discussion of whether different benefit packages will be available to different expansion populations.

#### **F. Coverage Vehicle**

Please check the coverage vehicle(s) for all applicable eligibility categories in the chart below **(check multiple boxes if more than one coverage vehicle will be used within a category)**:

Eligibility Category	Fee-For-Service	Medicaid or SCHIP Managed Care	Private health insurance coverage	Group health plan coverage	Other (specify)
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